As you know, we are now in the midst of the transition of CSHCS clients with Medicaid into the Medicaid Health Plans (MHP). Overall, this transition is progressing very smoothly. Given the magnitude of this transition and how quickly it has been implemented, it is to be expected that there will be at times some confusion with regard to LHD and MHP roles as we continue with CSHCS administrative operations. As these issues come to our attention, we will send out e-communications to provide timely clarification, and also update the LHD guidance manual as appropriate.

## **ISSUE:** CEN and adding additional providers for MHP enrollees

Typically, the LHD makes a request for a new provider to be added to a client's CSHCS "authorized provider" list. A new CEN is distributed and everyone knows the request has been completed. This process will of course continue for clients who have CSHCS only and if the client has both CSHCS and Medicaid but are not enrolled in an MHP.

For MHP enrollees, adding authorized providers and updating a CEN list for MHPs is a different situation. CSHCS MHP enrollees have access to the MHPs network of providers, and the MHPs have established processes for seeing providers both inside and outside of their network. The MHPs use the CSHCS authorized provider list at the time of enrollment as a starting point to maintain access to established providers. For CSHCS MHP enrollees, adding a new provider to the CSHCS authorized provider list after MHP enrollment does not bypass the MHPs established process for seeing a new provider. The MHPs will not be using the CSHCS authorized provider list after the initial enrollment.

Our original plan was to continue having the LHDs request adding a provider when the LHD learns that the MHP enrolled client is seeing a new provider through the MHP. The reason for this was to maintain an authorized provider list in case the client loses their Medicaid and therefore their MHP enrollment. The intent was to make sure the client has access to the specialists right away through CSHCS while they are without Medicaid. However, we've learned that if we continue to put new providers on the CSHCS authorized provider list, this creates a different set of problems and confusion for CSHCS and families.

Therefore, we are asking the LHDs to NOT send requests to CSHCS to add providers to an MHP enrolled client's authorized provider list even if you become aware of a provider the client is seeing in the MHP at this time. This request might change later if we can work out the problems here.

You may need to explain to clients that the CEN no longer applies for MHP enrollees. If they want to see another doctor, they need to follow their MHPs established processes. You can recommend that the clients read their membership manual, call their primary

care doctor, or call member services at their MHP to find out how to get this referral. Of course, you can assist families with system navigation as you always have.

We are also communicating with the MHPs to understand that if a client calls them asking to have their CEN updated or to add an authorized provider (which the MHPs don't do) that what the caller actually needs to know is how to access a new provider within their MHP.

It will be important that when a client loses Medicaid and only has CSHCS that the LHDs contact the MHP to get a list of providers for CSHCS to authorize quickly. We don't have a system to identify those clients for you yet, but we are working on this. You will need to follow up with the MHP as each case comes to your attention for now. MHPs are expecting this follow-up and are prepared to create a list of providers from claims data. Note that this list may include providers that provided Medicaid services unrelated to the CSHCS qualifying diagnosis.

If you have questions or concerns please contact Karla McCandless at <a href="mccandlessk@michigan.gov">mccandlessk@michigan.gov</a>
The quickest responses from Karla occur through e-mail.

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